

Appendix 16

Food Supplement Prior Authorization Guidelines

Authority	HFS 107.10(2)(c), Wis. Admin. Code, states that prior authorization (PA) is required for “all food supplement or replacement products.”
Use	Medically necessary, specially formulated enteral nutrition products are used for the treatment of health conditions such as pathology of the gastrointestinal tract or metabolic disorders.
Approval Criteria	<ul style="list-style-type: none"> • Nasogastric or gastrostomy tube feeding. • Malabsorption diagnoses including: <ul style="list-style-type: none"> √ Short Bowel (Gut) Syndrome. √ Crohn’s Disease. √ Pancreatic Insufficiency. • Metabolic disorders including cystic fibrosis. • Limited volumetric tolerance requiring a concentrated source of nutrition (i.e., athetoid cerebral palsy with high metabolic rate). • Severe swallowing and eating disorders where consistency and nutritional requirements can be met only using commercial nutritional supplements, including (refer below to noncovered swallowing and eating disorders): <ul style="list-style-type: none"> √ Dysphagia due to excoriation of oral-pharyngeal mucosa. √ Mechanical swallowing dysfunction secondary to a disease process such as: <ul style="list-style-type: none"> • Cancer or herpetic stomatitis. • Oral-pharyngeal trauma such as burns. • Other oral-pharyngeal tissue injury. • Weight loss, with documentation providing the following information: <ul style="list-style-type: none"> √ Normal weight, percentile weight, and number of pounds lost in a specified time period. √ A specific medical problem which has caused the weight loss. √ Specific reasons why a diet of normal or pureed food cannot suffice. • Failure to thrive in infants, with documentation providing the following information: <ul style="list-style-type: none"> √ Weight and height, percentile weight and height, and number of pounds lost, if any, in a specified time period. √ A specific medical problem or condition which has caused the failure to thrive. √ Specific reasons why a diet of formula, normal, or pureed food cannot suffice. • Conditions that are not covered by Medicare, such as products given by mouth: <ul style="list-style-type: none"> √ When justified by documentation indicating why normal and pureed food is not sufficient.
Noncovered Diagnoses	<p>Wisconsin Medicaid does not grant PA for:</p> <ul style="list-style-type: none"> • Food supplements used by nursing facility recipients and included in the daily rate. • Products which may be purchased in a grocery store, drug store, or other retail outlet, with food stamps or with Women, Infant, and Children (WIC) stamps. Individuals who receive food stamps or WIC assistance may be able to use these for purchasing enteral nutrition products. <p>Noncovered swallowing and eating disorders include:</p> <ul style="list-style-type: none"> • Swallowing disorders which may lead to aspiration. • Swallowing disorders which are psychosomatic in nature, as in anorexia or dementia. • Reduced appetite due to side effects of drug products, as with methylphenidate, amphetamines, appetite suppressants, etc. • Mastication problems due to dentition problems (i.e., lack of teeth).

Appendix 16
continued

Enteral Nutrition Products Billing Codes (Effective August 1, 1996)

HCPCS Code	Product Name	Units/Container (100 Cal/Unit)	DHCF MAC/Unit (100 Cal)
B4150	Attain	2.50	0.85
B4150	Choice DM	2.52	0.85
B4150	Ensure	2.54	0.85
B4150	Ensure/Fiber	2.64	0.85
B4150	Ensure High Protein	2.28	0.85
B4150	Ensure Light	2.02	0.85
B4150	Fibersource	3.00	0.85
B4150	Fibersource HN	3.00	0.85
B4150	Forta Drink Pdr (gm)	5.52	0.85
B4150	Forta Shake Pdr (gm)	3.01	0.85
B4150	Glytrol	2.50	0.85
B4150	Isocal	2.54	0.85
B4150	Isosource	3.00	0.85
B4150	Isosource HN	3.00	0.85
B4150	Jevity	2.54	0.85
B4150	Kindercal	2.52	0.85
B4150	Meritine Pdr (gm)	19.20	0.85
B4150	Nubasics	2.50	0.85
B4150	Nubasics VHP	2.50	0.85
B4150	Nubasics/fiber	2.50	0.85
B4150	Nutren 1.0	2.50	0.85
B4150	Nutren 1.0/fiber	2.50	0.85
B4150	Nutrin VHP	2.50	0.85
B4150	Osmolite	2.54	0.85
B4150	Osmolite HN	2.54	0.85
B4150	Pediasure Inf Food	2.40	0.85
B4150	Preattain	1.25	0.85
B4150	Probalance	3.00	0.85
B4150	Profiber	2.50	0.85
B4150	Promote	2.40	0.85
B4150	Promote/Fiber	2.40	0.85
B4150	Resource	2.54	0.85
B4150	Resource Diab	2.49	0.85
B4150	Resource Fruit Bevrg	1.82	0.85
B4150	Sustacal liq	2.40	0.85
B4150	Sustacal Pdr (gm)	15.21	0.85
B4151	Compleat	2.65	1.64

HCPCS: HCFA Common Procedure Coding System.
DHFS: Department of Health and Family Services.
MAC: Maximum allowed cost.

Appendix 16
continued

Enteral Nutrition Products Billing Codes (Effective August 1, 1996)

HCPCS Code	Product Name	Units/Container (100 Cal/Unit)	DHCF MAC/Unit (100 Cal)
B4151	Vitaneed	2.50	1.64
B4152	Enrich Plus	3.60	0.70
B4152	Ensure Plus	3.60	0.70
B4152	Ensure Plus HN	3.60	0.70
B4152	Isosource 1.5	3.75	0.70
B4152	Liq Nutr Plus	3.60	0.70
B4152	Magnacal	5.00	0.70
B4152	Nubasics Plus	3.75	0.70
B4152	Nutrin 1.5	3.75	0.70
B4152	Nutrin 2	5.00	0.70
B4152	Renalcal liq	5.00	0.70
B4152	Resource Plus	3.60	0.70
B4152	Respilor	3.60	0.70
B4152	Scandishake Pdr (gm)	19.98	0.70
B4152	Sustacal Plus	3.60	0.70
B4152	Twocal HN	4.80	0.70
xx033	Glucerna	2.40	1.60
xx039	Nepro Ready to use	4.80	1.00
xx044	Peptamin. Peptamin. Jr.	2.50	4.50
xx046	Pregestimil Pdr (gm)	24.00	1.30
xx049	Pulmocare	3.55	0.85
xx051	Suplena RTU	4.80	0.77
xx058	Vivonex TEN Pkt (gm)	3.00	2.83
xx064	MCT Oil	74.21	1.03
xx065	Microlipid	5.40	0.94
xx068	Polycose Pdr (gm)	14.00	0.66
xx073	Advera	3.07	0.75

Note: Call Sandmerc at (877) 735-1326 for product codes not listed here.